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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/000,433 |
| | Filing Date | 11/30/2001 |
| | First Named Inventor | Kazuma Tomizuka |
| | Art Unit | 1632 |
| | Examiner Name | LI, QIAN JANICE |
| | Attorney Docket Number | 077375.0116 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 63367

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number: 63367

OR

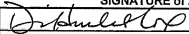
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | | |
|-----------|---|-----------|--------------|--|
| Signature |  | | | |
| Name | Diana Hamlet-Cox | | | |
| Date | 9/22/06 | Telephone | 408-545-2723 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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